

FEDERAL COMMUNICATIONS COMMISSION  
Washington, D.C. 20554Approved by OMB  
3000-0070  
Expires 12/31/84

SUBMIT two copies to FCC

Annual Employment Report 1984  
(See Instructions)

SUBMIT two copies to FCC

## SECTION I (applicable to all respondents)

- A. ☐ COMMON CARRIER Respondents with fewer than sixteen (16) full-time employees during the selected payroll period: CHECK BOX A, Complete Section III, and the Certification Statement. Sign and return to the FCC.
- B. ☐ COMMON CARRIER Respondents with 16 or more full-time employees during the selected payroll period: CHECK BOX B and complete all pertinent sections of the form. Sign and return to the FCC.
- C. ☐ BROADCAST Respondents with fewer than (5) full-time employees during the selected payroll period: CHECK BOX C, Complete Sections II, III, & IV and the Certification Statement. Sign and return to the FCC.
- D. ☒ BROADCAST Respondents with 5 or more full-time employees during the selected payroll period: CHECK BOX D and complete all pertinent sections of the form. Sign and return to the FCC.

## SECTION III (applicable to all respondents)

- A. Check one, to indicate type of respondent  
☒ Broadcast Respondent  
☐ Common Carrier Respondent

- B. Pay Period Ending Covered by this Report: (date)

March 18, 1984

- C. Name and address of respondent

Radio Station WBZZ  
 E Z Communications, Inc.  
 10380 Democracy Lane  
 Fairfax, Virginia 22030

(FOR COMMISSION USE ONLY)

CODE NO. 8217

## SECTION II (applicable only to Broadcast respondents)

Check A, B, or C to indicate type of Reporting Unit(s) covered in this Report:

- A. ☒ For a single employment unit consisting of one or more stations

- B. ☐ For a single Headquarters Office Report

- C. ☐ A Consolidated Report

## SECTION IV (applicable only to Broadcast respondents)

Answer A, B, or C to identify Reporting Unit(s) covered in this Report

- A. (1) If a Commercial Broadcast Station Report - (not a CAR station) check one

AM ☐ AM  
 TV ☐ TV  
☐ International

FM ☒ FM Independent  
 AF ☐ Combined AM and FM  
 FA ☐ FM Affiliated with AM in same area

- (2) If station is noncommercial, check one

ET ☐ Educational TV  
 ER ☐ Educational Radio

- (3) Call Letters

Location

WBZZ

Pittsburgh, Pennsylvania

Federal Communications Commission	
Docket No. <u>93-88</u>	Exhibit No. <u>14</u>
Presented by <u>ALCOBHENY</u>	
Disposition	Identified <u>10/26</u>
	Received _____
	Rejected _____
Reporter <u>BARBARA LOKO</u>	
Date <u>10/26/93</u>	

B. If a Headquarters Office Report, list here (or in Appendix\_\_\_\_, if this space is sufficient) the Headquarters Office covered in this Report.

Name of Headquarters Office	Location of Headquarters Office	Stations supervised by listed Hdqrs. Office (list call letters)
N/A		

C. If a Consolidated Report, list here (or in Appendix\_\_\_\_, if this space is insufficient) the Headquarters and Stations covered in this Consolidated Report.

Headquarters Office(s) Names and Locations	Station Call Letters and Locations
N/A	

SECTION V	(Section V and VII (applicable to all respondents))													
	ALL EMPLOYEES <sup>2</sup>			MALE					FEMALE					
	FULL-TIME PAID EMPLOYEES JOB CATEGORIES <sup>1</sup>	Total Column 2 + 3	Male	Female	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin
					Black, not of Hispanic origin	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic		Black, not of Hispanic origin	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Officials and Managers		7	5	2					5	1				1
Professionals		1		1										1
Technicians														
Sales workers														
Office and Clerical		4	1	3					1					3
Craftsperson (Skilled)														
Operatives (Semi-skilled)														
Laborers (Unskilled)														
Service Workers														
TOTAL		12	6	6					6	1				5
Total employment from previous Report (if any)		11	6	5					6	1				4

SECTION VI	(Section VI column titles same as Section V)													
	PART-TIME PAID EMPLOYEES JOB CATEGORIES <sup>1</sup>													
Officials and Managers														
Professionals														
Technicians														
Sales workers														
Office and Clerical		2		2										2
Craftsperson (Skilled)														
Operatives (Semi-skilled)														
Laborers (Unskilled)														
Service Workers														
TOTAL		2		2										2
Total employment from previous Report (if any)		1		1										1

<sup>1</sup>Refer to instructions for explanation of all title functions.

<sup>2</sup>Include "Minority Group Employees" and others. See Instruction 7.

# SECTION VII (For Respondents with On-the-Job Trainees ONLY)

(The data below shall also be included in the figures for the appropriate occupational categories in Sections V and VI)

		ALL EMPLOYEES <sup>1</sup>			MALE					FEMALE				
JOB CATEGORIES		Total Columns 2 + 3 (1)	Male (2)	Female (3)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (8)	MINORITY GROUP EMPLOYEES				White, not of Hispanic origin (13)
					Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)	Hispanic (7)		Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Alaskan Native (11)	Hispanic (12)	
On-the-job trainees <sup>2</sup>	White Collar Production													

<sup>1</sup>Include "Minority Group Employees" and others. See instruction 7.

<sup>2</sup>Report only employees enrolled in formal on-the-job-training programs.

## CERTIFICATION

(This report must be certified: by licensee or permittee, if an individual; by a partner, if a partnership; by an officer, if a corporation or association, or by an attorney of licensee or permittee, in case of physical disability or absence from the United States of the licensee or permittee.)

I certify that to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed [Signature] Title Vice-President  
 Date May 23, 1984 Name of Respondent EZ COMMUNICATIONS, INC.  
 Telephone No. (include area code) (703) 691-1900

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE OR IMPRISONMENT. U.S. CODE, TITLE 18, SECTION 1001.

This request is in accordance with the requirement of P.L. 96-511, Paperwork Reduction Act of 1980

The data collected will be used to assess compliance with FCC Rules and Regulations pertaining to EEO requirements. Your response is mandatory.